

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE REGULATION
Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXX

Petitioner

File No. 91341-001

v

Blue Cross Blue Shield of Michigan
Respondent

/

Issued and entered
this 20th day of November 2008
by Ken Ross
Commissioner

ORDER

I
PROCEDURAL BACKGROUND

On August 4, 2008, XXXXX (Petitioner) filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient's Right to Independent Review Act (PRIRA), MCL 550.1901 *et seq.* The Commissioner reviewed the request and accepted it on August 11, 2008.

The Commissioner notified Blue Cross Blue Shield of Michigan (BCBSM) of the external review and requested the information used in making its adverse determination. The Commissioner received BCBSM's response on August 20, 2008.

The issue in this external review can be decided by a contractual analysis. The contract here is the BCBSM *Community Blue Group Benefits Certificate* (the certificate). BCBSM's medical policy title "Multi-Slice CT Angiography of Coronary Vessels (CCTA)" also applies. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II FACTUAL BACKGROUND

In July 18 2007, the Petitioner received a coronary computed tomography (CT) scan, CPT code 0149T. The service was rendered at the XXXXX and the charge was \$900.00. BCBSM denied payment because the scan was not provided by an authorized facility.

The Petitioner appealed BCBSM's decision. BCBSM held a managerial-level conference on June 5, 2008, and issued a final adverse determination dated June 9, 2008.

III ISSUE

Did BCBSM correctly deny coverage for the Petitioner's July 18, 2007, coronary CT scan?

IV ANALYSIS

Petitioner's Argument

The Petitioner has had heart problems for some time and has atrial fibrillation which is treated with ablation. His doctors recommended the coronary CT scan as part of his care. He says he was concerned that his fibrillation problem would recur and decided that rather than wait two or three months to have the coronary CT scan done at XXXXX Hospital (a wait he says was caused because there was a problem with the hospital's machine), he would have the procedure done right away at XXXX. He knew if he had the coronary CT scan at XXXXX Hospital it would be covered by BCBSM.

The Petitioner says he was told by XXXX that the procedure might not be covered by BCBSM and he could have to pay the entire \$900.00 cost. He went ahead and had the procedure at XXXX. After reading the results, his doctor decided to perform another ablation, which the Petitioner says was very successful.

The Petitioner contends that it does not make sense for BCBSM to deny coverage for this care. He says it was medically necessary and was very successful in diagnosing his problem so he

could have further treatment. He also asserts that it was less expensive to have the CT scan at XXXX than at the hospital. He wants BCBSM to pay for his CT scan at XXXX.

BCBSM's Argument

BCBSM says that under the terms of the certificate services are not payable if not provided by persons who are not legally qualified or licensed to provide such services (determined by BCBSM).

In the Petitioner's case the CT scan was provided by XXXX which is not an authorized provider. The BCBSM medical policy entitled "Multi-Slice CT Angiography of Coronary Vessels (CCTA)"¹ contains guidelines for CT scans. The medical policy says

This procedure is no longer considered experimental/investigational. It should be considered a useful diagnostic procedure when indicated.

Within the State of Michigan, these services are established **only** if delivered in a facility that is participating in the BCBSM/BCN Collaborative Quality Initiative for Emerging Non-Invasive Cardiovascular Imaging or if provided by a physician or a physician group that participates in the Consortium.

Since XXXXX does not participate in the collaborative or the consortium, BCBSM maintains its denial of reimbursement for the Petitioner's CT scan was appropriate.

Commissioner's Review

BCBSM has pointed to this definition of "unlicensed provider" in the certificate (page 6.9) as part of its justification for denying coverage of the Petitioner's CT scan:

Benefits are not payable for health care services provided by persons who are not legally qualified or licensed to provide such services.

However, no information was provided to show that XXXX was not legally qualified or licensed to perform CT scans; BCBSM's reliance on this language is inapposite. The Commissioner rejects this argument as a basis for denying coverage in this case.

BCBSM did explain in the medical policy why it limits the rendering of coronary CT scans to certain facilities:

Previously, CT angiography was deemed investigational by BCBSM/BCN joint medical policy. Recently a Collaborative Quality Initiative (CQI) for Emerging Non-Invasive Cardiovascular Imaging was developed by Blue Cross Blue Shield of Michigan in partnership with the provider community to insure the effective and judicious use of this emerging imaging technology. CT angiography is deemed as non-investigational technology when performed in an inpatient or outpatient setting of a hospital participating in the CQI.

Accordingly, BCBSM covers coronary CT scans only when they are performed in an inpatient or outpatient setting of a hospital participating in the CQI. No information was provided that establishes that XXXX is part of a hospital that participates with CQI.

The Commissioner concludes that the CT scan the Petitioner received on July 18, 2007, did not meet the requirements for coverage in the BCBSM/BCN medical policy and therefore is not a covered benefit under the certificate.

V ORDER

BCBSM's final adverse determination of June 9, 2008, is upheld. BCBSM is not required to cover the Petitioner's July 18, 2007, coronary CT scan.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.

¹ The policy was effective July 1, 2007.